Newfoundland and Labrador Pharmacy Network
Pharmacy Student / Intern Password Agreement

BETWEEN:

The Newfoundland and Labrador Centre for Health Information, represented by the Chief Information Officer or Designate (hereinafter referred to as the "Centre")

AND:

_____
(Student's Name)* (Student No.)

_____
(Name of Pharmacy and Business address) (City / Town) (Postal Code)

_____
(Business telephone number) (Business fax number)

_____
(Student's personal email address)

This Agreement governs the use of the Newfoundland and Labrador Pharmacy Network operated by the Centre, irrespective of the pharmacy practice management system used to access the Pharmacy Network. For the purposes of this Agreement a student is an Agent of the Pharmacist-in-Charge as defined in the Personal Health Information Act, SNL 2008,c.P-7.01.

This Agreement must be read together with the following:

1. the Pharmacy Network User Manual and policies of the Pharmacy Network, as provided to the undersigned by the Centre for Health Information;
2. the *Pharmacy Act*, SNL1994, c. P-12.1 and regulations;
3. the *Personal Information and Protection of Electronic Documents Act* 2000, c. 5, P-8.6, and regulations;
4. the *Personal Health Information Act*, SNL 2008, c. P-7.01 and regulations;
5. the standards of practice, policies and guidelines of the Newfoundland and Labrador Pharmacy Board and,
6. the information policies and procedures established by your employer.

PART A: CONFIDENTIALITY AND ACCEPTABLE USE

Acceptable Use: You agree to not access, collect, use or disclose any clinical or other patient information maintained in the Newfoundland and Labrador Pharmacy Network or in the in-pharmacy computer database for any purpose or in any way other than those authorized by and under the direction and supervision of a registered, licensed pharmacist.

You agree that you will not use the Pharmacy Network for an illegal or improper purpose, or take steps that would have a negative impact on the security, integrity or functioning of the Pharmacy Network.

Confidentiality: You agree to treat as confidential all information collected, used and disclosed in association with the Pharmacy Network, whether verbal and written, and will not participate in or permit the unauthorized release, publication or disclosure of that information to any person, corporation or other entity under any circumstances except as authorized by and under the direction and supervision of a registered, licensed pharmacist.

*This information will be retained by the Centre for Health Information and used to administer your password and contact you regarding the use of your password

You agree to treat as confidential all information relating in any way to the security and management of the Newfoundland and Labrador Pharmacy Network and the in-pharmacy computer system.

PART B: PASSWORDS

Passwords: You agree to keep your Password absolutely confidential; it is for your use alone. You will not tell anyone else what your Password is. You must carefully read the Password Policy in the Pharmacy Network User Manual.

If Your Password Becomes Known: If you suspect that someone else knows your Password you must notify the Centre's Service Desk at 1-877-752-6006 or in person at 70 O'Leary Ave, St. John's as soon as possible (and in any case within 24 hours after learning or suspecting such loss or use) and follow the instructions given to you by the Centre.

Responsibility for Losses: You are responsible for any and all uses of the Pharmacy Network associated with your password.

PART C: OTHER

The Centre for Health Information may immediately notify your Pharmacist-in-Charge without prior notice where:

1. you knowingly or negligently provide inaccurate information to the Pharmacy Network;
2. you permit unauthorized access to Pharmacy Network;
3. you use the Pharmacy Network in a manner that is inconsistent with the terms of the Pharmacy Network User Manual and/or the terms of this agreement,
4. an immediate investigation by the Pharmacist-in-Charge is deemed necessary for reasons concerning the protection of public health or safety; or,
5. an immediate investigation by the Pharmacist-in-Charge is deemed necessary to protect the personal health information of an individual.

Penalty: In addition to any disciplinary action by the Pharmacist-in-Charge, Memorial University, School of Pharmacy, or Newfoundland and Labrador Pharmacy Board, you are also subject to any legislated penalties.

STUDENT/INTERN:

_____
Print Name

_____
Signature

_____
Print Name of Pharmacist-in-charge and license number

_____
Signature of Pharmacist-in-Charge

_____
Name of Preceptor (if not the Pharmacist-in-charge)

_____
Signature of Preceptor

_____
Date

FOR THE CENTRE:

_____
Print Name

_____
Title

_____
Signature

_____
Date

Centre for Health Information
70 O'Leary Ave.
St. John's, NL A1B 2C7
Telephone: (709) 752-6000

Confidential Pharmacy Network Program
Fax: 1-877-272-6029